

**ARIZONA DEPARTMENT OF EDUCATION
CHILD AND ADULT CARE FOOD PROGRAM CENTER SPONSOR CLAIM**

Claims must be received by the 10th of the month following the claim month. Claim must be submitted electronically at the CNP Web at <https://www.ade.az.gov/commonlogon>. Sponsor must retain a copy of claim for permanent record.

CTD # _____ Sponsor _____ FY 2004
Address _____

Phone () _____

Claim Month/Year: _____

Type of Submission: ☐ Original
☐ Revision

Date of Revision _____

Income Received During Claim Month

Non-CACFP Income _____

CACFP Income _____

Value of Cash/Non-Cash Donations _____

Value of Excess Personnel Meals _____

CACFP Expenditures During Claim Month

Salaries	\$
Benefits	\$
Staff Training	\$
Food	\$
Supplies	\$
Rent or Mortgage	\$
Contracted Services	\$
Communication and Utilities	\$

I certify that this claim is true and correct; that records are available to support this claim; that it is in accordance with the terms of existing Agreement(s); and that payment therefore has not been received. If a proprietary center, compensation is payable from the Department of Economic Security for Title XIX/XX adults and children for not less than 25% of total enrollment or licensed capacity for claim month. If claim is made for Sponsoring Organization, each Site for which claim is made meets the 25% criteria for claim month.

Date of
Preparation

Printed Name of
Authorized Signer

Authorized Signature